



## VENDOR PROFILE INFORMATION

The purpose of this form is to provide mandatory award and payment information for NOAA. This information is required as set forth in FAR 52.232-33, *Mandatory Information for Electronic Funds Transfer Payment*, the Debt Collection Improvement Act of 1996, and the Taxpayer Relief Act of 1997. NOAA will use the information only for the purposes stated in the references cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. Until this information is received, our payment office will not make any payments.

Please check one: ☐ NEW ☐ CHANGE (please complete bolded areas only, along with your changes)

**NAME: Legal Name** \_\_\_\_\_

Parent Company Name (if applicable) \_\_\_\_\_

Division/subunit \_\_\_\_\_

Acronym or shortened name \_\_\_\_\_ (8 characters/digits or less)

What type of Vendor are you (select one):

☐ Small Disadvantaged Business

☐ Other Small Business

☐ Large Business

☐ JWOD Non-Profit Agency

☐ Non-Profit Educational Organization

☐ Non-Profit Hospital

☐ Federal Government

☐ Other Non-Profit Organization

☐ State/Local Government - Educational

☐ Individual

☐ State/Local Government - Hospital

☐ Other State/Local Government

☐ Foreign Contractor

☐ Domestic Contractor Performing Outside US

☐ Tribal Government

☐ HBC/U or Mi

☐ Private University

DOC/NOAA customer account number \_\_\_\_\_ (if any)

Foreign Corporation Yes ☐ No ☐

Minority Owned and Operated Business Yes ☐ No ☐

Women Owned and Operated Business Yes ☐ No ☐

**Taxpayer Identification Number (TIN)\***

**SSN (individual/sole proprietorship)** \_\_\_\_\_

**EIN (Corporation/partnership/sole proprietorship with one or more employees)** \_\_\_\_\_

**# of parent company** \_\_\_\_\_

**# of Division/subunit** \_\_\_\_\_

**DUNS # (commercial vendors only)** \_\_\_\_\_

\* The Taxpayer Identification Number (TIN) is required by law. If you fail to provide us with this information, your payments may be subject to income tax withholding.

Type of Entity/Account applicable to the TIN. (See Form W-9 Request for Taxpayer Identification Number & Certification, Specific Instructions Section). **Select One:**

☐ Broker or Registered Nominee

☐ Partnership

☐ Revocable Savings Trust

☐ Association, Club, Religious,  
Charitable, Educational, or other  
tax exempt organization

☐ Corporation

☐ Sole Proprietorship

☐ Custodian Account of a minor

☐ Account with the Dept of Agriculture  
in the name of a public entity (such  
as State/Local Government, School  
District, or Prison)

☐ Individual

☐ Federal Government

☐ Valid Trust, Estate, Pension  
Trust

☐ Joint Account (Two/more  
Individuals)

Do you require payment in foreign currency? Yes ☐ No ☐ Type of currency? \_\_\_\_\_

Please indicate the type of products you provide to NOAA.

Services Only \_\_\_\_ Goods Only \_\_\_\_ Goods/Services \_\_\_\_

ADDRESS: Individual/Business/Organization's sales address and point of contact

Name \_\_\_\_\_  
Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Internet E-mail address \_\_\_\_\_

If payment remit address is different than the sales address, please provide it below

Name \_\_\_\_\_  
Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Internet E-mail address \_\_\_\_\_

**ELECTRONIC FUNDS TRANSFER (EFT):**

The Debt Collection Improvement Act of 1996 mandates the use of EFT for all Federal payments to recipients who become eligible to receive such payments 90 days after enactment, which was July 26, 1996. Federal agencies may grant waivers for this mandate to recipients who certify in writing and send to the Finance office stating that they do not have an account with a financial institution. Please select one of the following payment methods:

1. \_\_\_\_ EFT (Automated Clearing House Payments (ACH))
2. \_\_\_\_ Check (**MUST SUBMIT REQUEST FOR WAIVER IN WRITING ALONG WITH THIS FORM**)
3. \_\_\_\_ OPAC (Federal Agencies only)

If line 1 was checked above, please provide the following financial information for EFT payments.  
(The ACH Coordinator at your financial institution can supply you with this information)

Financial Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
ACH Coordinator Name \_\_\_\_\_ Phone \_\_\_\_\_  
Nine Digit Routing/Transit Number (ABA#) \_\_\_\_\_  
Account Title \_\_\_\_\_

Type of Account: (select one)

\_\_\_\_ Checking    Account Number \_\_\_\_\_  
\_\_\_\_ Savings    Account Number \_\_\_\_\_  
\_\_\_\_ Lockbox    Account Number \_\_\_\_\_

I certify that the information which I have provided on this form is correct.

Name (type or print) \_\_\_\_\_ Title \_\_\_\_\_ Phone# \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_